

[ ] A certified copy of a \_\_\_\_\_ application, serial no. \_\_\_\_\_, filed \_\_\_\_\_, 19\_\_\_\_, the right of priority of which is claimed under 35 U.S.C. 119.

# CLAIMS AS FILED

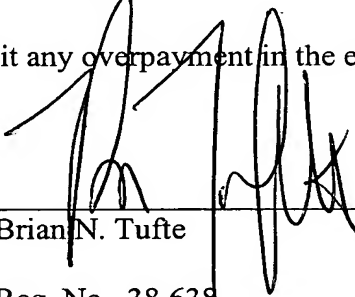
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$370		\$740
TOTAL CLAIMS	29-20 =	9	x9=	\$	x18=	\$162
INDEPENDENT CLAIMS	3-3 =	0	X42=	\$	X84=	\$
( ) MULTIPLE DEPENDENT CLAIM PRESENTED			+130=	\$	+260=	\$
TOTAL			\$		\$902	

\*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[ ] Other \_\_\_\_\_.

[ X ] A check in the amount of \$ 902.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:   
 Brian N. Tufte  
 Reg. No. 38,638

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